



COST SHARE AGREEMENT
Between the
BUREAU OF LAND MANAGEMENT
And the
DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION

This cost share agreement is between the agencies identified above, as negotiated for the following incident in accordance with the Statewide Cooperative Fire Protection Agreement #11-FI-110156000 executed between the parties on (08/25/2011). The purpose of this agreement is to allocate financial responsibility as outlined in the Montgomery Fire Decision Document and to describe the cost division.

General Incident Information:

| | | |
|-------------------------------|--|------------------|
| Incident Name: | Montgomery | |
| Incident Start Date and Time: | 07/24/2014 | |
| Origin: | Lat 46 34.3000 | Long 106 35.4000 |
| Township: 10N | Range: 41E | Section: 32 |
| Estimated Size: 6500 | Acres at the time of this agreement: 9362.50 | |
| Incident Cause: | Human, Power line | |

Incident Numbers by Protection Agency:

| Agency | Incident # | Accounting Code |
|---------------|-------------------|------------------------|
| BLM | MT-MCD-000133 | H9JA |
| DNRC | MT-MCD-000133 | 844001 |

Cost Share Period: This agreement becomes effective on the date indicated below and will remain in effect until amended or terminated.

State date/time: 07/25/2014

End date/time: 07/26/2014

Other conditions relative to this agreement:

1. Costs incurred by cooperators not engaged with the host agency or IMT in the fire suppression activities will not be included as a part of this cost share agreement.
2. Responsibility for tort claim costs will not be a part of this agreement. Responsibility for these costs will be determined outside this agreement.
3. Costs for accountable, sensitive, and durable property purchased by each agency will be charged directly to that agency and will not be shared.
4. Non-suppression rehabilitation costs are the responsibility of the jurisdictional agency and will not be shared.
5. Each agency will bill for their costs as outlined in the Montana Cooperative Fire Agreement billing procedures.



Cost Share Methodology:

Describe the chosen cost share method for this fire and the details that explain the apportionment. A map must be included that shows fire area with the methodology applied to that map.

Cost share by resources: BLM and DNRC agree to equally share the cost of the aviation resources assigned to the Montgomery fire during the cost share period. All other costs incurred will be the responsibility of each individual agency and will not be subject to the final agency apportionment applied to the aviation resources on the incident. All other agency costs will be the responsibility of that agency.

Final Agency Apportionment:

1. Federal Share:

| | | |
|----|------|-----|
| a. | USFS | % |
| b. | BLM | 50% |
| c. | FWS | % |
| d. | NPS | % |
| e. | BIA | % |

2. State Share :

| | | |
|----|-------|-----|
| a. | MT | 50% |
| b. | ID | % |
| c. | ND | % |
| d. | other | % |

Principal Contacts:

The following personnel are the principal contacts:

| Title: | Name: | Agency: |
|----------------------------------|---------------|----------------|
| Agency Administrator | Diane Friez | BLM |
| Agency Representative | Eric Lepisto | BLM |
| Agency Administrator | Chris Pileski | DNRC |
| Agency Representative | Randy Sanders | DNRC |
| Incident Business Advisor(s) | | |
| Incident Commander(s) | | |
| Other IMT members as appropriate | | |



Signatures of Authorized Personnel & Attachments:

This agreement and the apportionment described are our best judgments of fair and equitable agency cost responsibilities.

List and include appropriate attachments (such as I-Suite reports, Aircraft Use Reports, map, etc.):

Original Agreement: _____ (#1)

Supplemental Agreement: Number _____ Supersedes Agreement # _____ Dated _____

Agency Name: BLM Eastern Montana/Dakotas District
111 Garryowen Rd
Miles City MT 59301

Signature: _____

Diane Friez, District Manager

Date: _____

12/15/14

Agency Name: Department of Natural Resources and Conservation, Eastern Land Office
PO Box 1794, 321 Main ST
Miles City MT, 59301

Signature: _____

Chris Pileski, Area Manager

Date: _____

12/16/14